

AFTER ACTION/CORRECTIVE ACTION (AA/CA) REPORT SURVEY TEMPLATE

for responses to

H1N1 Influenza 2009

(This AA/CA Report template can be used for a declared, un-declared, or pre-planned event, an exercise, and/or training for SEMS/NIMS compliance).

Federally funded exercises: Completed AA/CA reports completed in this Word template can be attached to the Department of Homeland Security, Grants and Training, ODP Secure Portal.

GENERAL INFORMATION

Information Needed	Text goes in text boxes below.
Name of Agency:	
Type of Agency:* (Select one) * City, County, Operational Area (OA), State agency (State), Federal agency (Fed), special district, Tribal Nation Government, UASI City, non-governmental or volunteer organization, other.	
OES Admin Region: (Coastal, Inland, or Southern)	
Completed by:	
Date report completed:	
Position: (Use SEMS/NIMS positions)	
Phone number:	
Email address:	
Dates and Duration of event: (Beginning and ending date of response or exercise activities - using mm/dd /yyyy)	
Type of event, training, or exercise:* * Actual event, table top, functional or full scale exercise, pre-identified planned event, training, seminar, workshop, drill, game.	
Hazard or Exercise Scenario:* *Avalanche, Civil Disorder, Dam Failure, Drought, Earthquake, Fire (structural), Fire (Woodland), Flood, Landslide, Mudslide, Terrorism, Tsunami, Winter Storm, chemical, biological release/threat, radiological release/threat, nuclear release/threat, explosive release/threat, cyber, or other/specify.	

SEMS/NIMS FUNCTION EVALUATION

MANAGEMENT (Public Information, Safety, Liaison, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If “needs improvement” please briefly describe improvements needed:

Planning	
Training	
Personnel	
Equipment	
Facilities	

FIELD COMMAND (Use for assessment of field operations, i.e., Fire, Law Enforcement, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If “needs improvement” please briefly describe improvements needed:

Planning	
Training	
Personnel	
Equipment	
Facilities	

OPERATIONS (Law enforcement, fire/rescue, medical/health, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If “needs improvement” please briefly describe improvements needed:

Planning	
Training	
Personnel	
Equipment	
Facilities	

PLANNING/INTELLIGENCE (Situation analysis, documentation, GIS, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If “needs improvement” please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

LOGISTICS (Services, support, facilities, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If “needs improvement” please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

FINANCE/ADMINISTRATION (Purchasing, cost unit, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If “needs improvement” please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

AFTER ACTION REPORT QUESTIONNAIRE
(The responses to these questions can be used for additional SEMS/NIMS evaluation)

Response/Performance Assessment Questions	yes	no	Comments
1. Were procedures established and in place for responding to the disaster?			
2. Were procedures used to organize initial and ongoing response activities?			
3. Was the ICS used to manage field response?			
4. Was Unified Command considered or used?			
5. Was the EOC and/or DOC activated?			
6. Was the EOC and/or DOC organized according to SEMS?			
7. Were sub-functions in the EOC/DOC assigned around the five SEMS functions?			
8. Were response personnel in the EOC/DOC trained for their assigned position?			
9. Were action plans used in the EOC/DOC?			
10. Were action planning processes used at the field response level?			
11. Was there coordination with volunteer agencies such as the Red Cross?			
12. Was an Operational Area EOC activated?			
13. Was Mutual Aid requested?			
14. Was Mutual Aid received?			
15. Was Mutual Aid coordinated from the EOC/DOC?			
16. Was an inter-agency group established at the EOC/DOC level? Were they involved with the shift briefings?			
17. Were communications established and maintained between agencies?			
18. Was the public alert and warning conducted according to procedure?			
19. Was public safety and disaster information coordinated with the media through the JIC?			
20. Were risk and safety concern addressed?			
21. Did event use Emergency Support Function (ESFs) effectively and did ESF have clear understanding of local capability?			
22. Was communications inter-operability an issue?			

Additional Questions

23. What response actions were taken by your agency? Include such things as mutual aid, number of personnel, equipment and other resources. **Note: Provide statistics on number of personnel and number/type of equipment used during this event. Describe response activities in some detail.**

24. As you responded, was there any part of SEMS/NIMS that did not work for your agency? If so, how would (did) you change the system to meet your needs?

25. As a result of your response, did you identify changes needed in your plans or procedures? Please provide a brief explanation.

26. As a result of your response, please identify any specific areas needing training and guidance that are not covered in the current SEMS Approved Course of Instruction or SEMS Guidelines.

27. If applicable, what recovery activities have you conducted to date? Include such things as damage assessment surveys, hazard mitigation efforts, reconstruction activities, and claims filed.

NARRATIVE

Use this section for additional comments.

POTENTIAL CORRECTIVE ACTIONS

Identify issues, recommended solutions to those issues, and agencies that might be involved in implementing these recommendations. Address any problems noted in the SEMS/NIMS Function Evaluation.

Indicate whether issues are an internal agency specific or have broader implications for emergency management.

(Code: I= Internal; R =Regional, for example, OES Mutual Aid Region, Administrative Regions, geographic regions, S=Statewide implications)

Code	Issue or Problem Statement	Corrective Action / Improvement Plan	Agency(s)/ Depts. To Be Involved	Point of Contact Name / Phone	Estimated Date of Completion